

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Lawrence Bender  
 Fredrikson & Byron, P. A.  
 1133 College Drive Suite 1000  
 Bismarck, ND 58501-1215  
 Cert. No. 7019 1120 0002 3204 6927  
 Case No. PU-20-161



9590 9402 5222 9122 3

2. Article Number (Transfer from service label)

7019 1120 0002 3204 6927

PU-20-161

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Karen Phillips*

Agent

Addressee

B. Received by (Printed Name)

*Karen Phillips*

C. Date of Delivery

*6/12/2020*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Priority Mail Express®

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Return receipt

United States Postal Service

Collect on Delivery Restricted Delivery

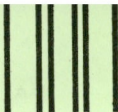
Insured Mail

Insured Mail Restricted Delivery (over \$500)

Signature Confirmation

Signature Confirmation Restricted Delivery

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 5222 9122 3379 67

United States  
Postal Service

Sender: Please print your name, address, and ZIP+4® in this box\*

RECEIVED  
JUN 16 2020  
R

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

ND Public Service Commission  
Attn: Public Utilities Division  
600 E Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service